

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
BUREAU OF HEALTH/NUTRITION,  
FAMILY SERVICES AND ADULT EDUCATION  
25 INDUSTRIAL PARK ROAD  
MIDDLETOWN, CONNECTICUT 06457-1543

**FOR STATE USE ONLY**

Effective Date: \_\_\_\_\_

**AGREEMENT NUMBERS:**

School Programs \_\_\_\_\_

Child Day Care Centers \_\_\_\_\_

Adult Day Care Centers \_\_\_\_\_

Day Care Homes \_\_\_\_\_

Summer Food Service \_\_\_\_\_

**AUTHORIZED SIGNATURES CHANGE FORM**

Read the enclosed instructions before completing the form.

This is to certify that on \_\_\_\_\_, as shown in the minutes of  
(Date)

\_\_\_\_\_  
(Name of Corporation, Board of Education or Governing Body)

the following action was taken to revise the Authorized Signers of the **ED-099 Agreement for Child Nutrition Programs**.

*1. The person designated below is authorized to sign this agreement and to sign claims for reimbursement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Superintendent of Schools, Mayor, Selectman, President  
or Chairperson of the Board, Pastor or Commissioner)

\_\_\_\_\_  
Date

*2. In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Assistant Superintendent, Business Official, Principal,  
Headmaster, City or Town Manager, Executive Director  
or Deputy Commissioner)

\_\_\_\_\_  
Date

*3. The signature below certifies the above action.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Secretary of Corporation, Town Clerk, Secretary  
of the Board)